

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for work hardening and office visits with manipulations.
- b. The request was received on August 16, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. Audit summaries/EOB
 - c. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on September 26, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on September 30, 2002. The response from the insurance carrier was received in the Division on October 2, 2002. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated July 4, 2002 that...
“...I am requesting this MDR as our office has not been reimbursed for the services listed in the table provided and there has been no response from the carrier regarding our request for reconsideration...”
2. Respondent: Position statement not submitted with TWCC-60 response. Respondent did not respond to submitted additional information.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on August 29, 2001 and extending through January 15, 2002. Dates of service April 23, 2001 through August 15, 2001 are outside the 365-day ruling and cannot be reviewed.
2. Per Rule 133.307(j)(1)(D) the requestor did not submit any pertinent medical records for date of service January 15, 2002; therefore, it cannot be determined if the services were rendered as billed.
3. The respondent submitted a letter dated February 19, 2003, which shows that date of service August 29, 2001 was paid with check number 898B16617123 in the amount of \$758.40 issued on October 5, 2001. Dates of service October 30, 2001, November 27, 2001, and December 20, 2001 were paid with check number 898B25825824 in the amount of \$697.50 issued on April 3, 2002.
4. Therefore, a dispute no longer exists. Per Rule 133.307(m)(5) the commission determines that good cause exists to dismiss the request.

The above Findings and Dismissal are hereby issued this 15th day of May 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf